

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/500359

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.	
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49									99						
50									100						
TOTAL IND.		↓		↓		↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	38	←		←			TOTAL DEP.		←		←		←
TOTAL CLAIMS			39						TOTAL CLAIMS						